

Institute for Alternative Futures

Primary Care in 2025

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About that breakfast...

Food	Calories
Breakfast Burrito	420
Blueberry Muffin	380
Cheese Danish	260
Sliced Fruit	107
Orange Juice	112
TOTAL:	1279

Half of today's required calories.

Just sayin'.

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Next time in Nashville...

YMCA

Renaissance Hotel

Cream cheese danishes

0.7 miles

Union Station Hotel

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"I am my own medical home"

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Transparent healthcare markets

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Primary care

40%: self-care with high-deductible catastrophic insurance

40%: integrated healthcare systems

10%: "concierge"

10% uninsured

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Implications for Nursing

- Proliferation of health care roles
- Nursing roles in integrated health systems
 - Critical players on collaborative teams
 - Sophisticated users of health knowledge technology
 - Proficient in addressing social determinants of health
- Nursing roles in the Health & Wellness market
 - Small community nursing teams market their services directly to elderly, pediatric, and chronic care buyers, offering personalized care via home visits, telephone, and Internet
 - Health and wellness outcomes tracked and available online
 - Nurses serve as coaches on use of avatars, biomonitoring, etc.
 - Consultants on development of new tools and tech
- Expanded scope of practice in acute care settings as robotics and knowledge tech reshape care

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*Comments or questions
on this scenario?*

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Agenda



- "I Am My Own Medical Home"
- Scenario Project Background
- Three More Scenarios for Primary Care
- Nursing in 2025

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Scenarios of Primary Care in 2025

SCENARIO PROJECT BACKGROUND

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Scenarios: What and Why

- Alternative stories about the future
- They bound uncertainty and explore major pathways
- Used to:
 - Understand change
 - Identify emerging challenges and opportunities
 - Clarify assumptions
 - Consider alternatives
 - Develop vision

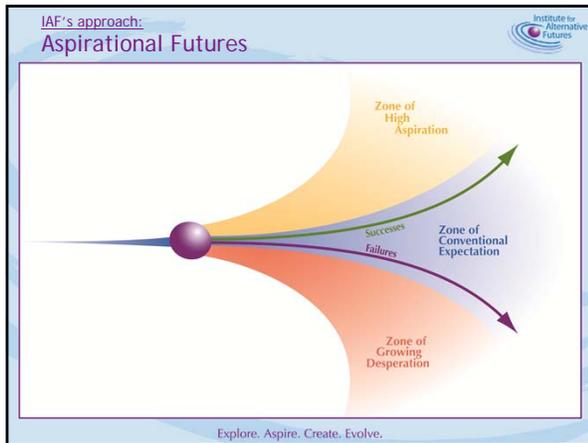
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Scenarios Should...

- Consider what's likely and what's preferable
- Aid in understanding and creating the future
- Lead to enhanced focus on vision, visionary success, and sensitivity to opportunities
- Be constructed around archetypes:
 - Expectable
 - Challenging
 - Visionary

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- Primary Care 2025**
- Funded by the Kresge Foundation
 - Produced forecasts of key forces shaping primary care, and the Primary Care 2025 scenarios
 - Included interviews with 56 thought leaders and 10 focus groups
 - Included a national workshop to develop recommendations to the nation
 - Produced a scenario toolkit which your organizations can use for their own planning
 - Project deliverables available at www.altfutures.org/primarycare2025
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Scenarios of Primary Care in 2025

THREE MORE SCENARIOS

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The Four Scenarios

1. Many Needs, Many Models
2. Lost Decade, Lost Health
3. Primary Care That Works for All
4. I Am My Own Medical Home (already presented)

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Scenario #1: Many Needs, Many Models Care Delivery

- Expansion of Patient-Centered Medical Home (PCMH)
- Increased emphasis on prevention
- Primary care provider (PCP) shortages - All PCMH team members practice at top of license



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Scenario #1: Many Needs, Many Models Advances in technology

- Electronic medical records widespread
- "Dr. Watson" expert support for providers
- More care delivered virtually
- Personalized vital signs
- Digital health agents, health games, and social networking



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Scenario #1: Many Needs, Many Models

Primary care



40%: integrated systems with capitation and continuity



30%: semi-integrated with fee-for-service and pay-for-procedure



30%: Fee-for service

- Concierge care for the affluent
- CHCs for the lucky poor

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Scenario #1: Many Needs, Many Models

Insurance market

- Many employers dropped coverage as Health Insurance Exchanges came online in mid-2010s
- HIX effectiveness varies from state to state
- Many rely on high-deductible catastrophic plans and pay out-of-pocket for most care
- Some states create single payer systems



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Scenario #1: Many Needs, Many Models

Key Outcomes

- Nurse practitioner-managed primary care expands
- Significant disparities remain for access and quality
- Poor patients can rarely afford biomonitoring technologies that could help predict or preempt disease



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Scenario #1: Many Needs, Many Models

Implications for Nursing

- Highly fragmented health care system with disparate nursing roles
- Slight expansion of nurse-managed health centers
- Greater integration of nurses into collaborative teams for primary, chronic, and episodic care
 - Access to sophisticated health knowledge technologies
 - Shift of workload for nurses and all toward upper end of license
 - Equitable access to leadership positions in integrated systems
- Less change in role in semi-integrated and FFS settings
- Persistent health challenges in low-income and minority populations

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Comments or questions on this scenario?

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Scenario #2: Lost Decade, Lost Health

Major Challenges

- Recurrent severe recessions
- 10% across-the-board cuts in federal spending in 2018 and 2022
- Shortage of PCPs - With reimbursement cuts, Boomer doctors retire if they can



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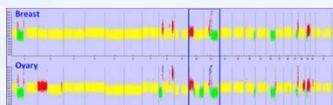
Scenario #2: Lost Decade, Lost Health
Primary care



30%: integrated systems with capitation and continuity



20%: semi-integrated systems with mix of FFS and P4P



35%: FFS, often poor quality

15%: Concierge FFS with high tech

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Scenario #2: Lost Decade, Lost Health
Virtual care expands, at a risk

- Many rely on “virtual doctors” and low-quality “digital health coaches”
- Drug vendors align with software developers to market to their patients
- 3,000 people die from interaction between prescription drug and herbal product recommended by EconoDoc



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Scenario #2: Lost Decade, Lost Health
Implications for Nursing

- Nurses more frequently on the front lines of refusing care or helping patients choose among low-cost online options
- States expand nurses’ scope of practice to match actual practice and to compensate for physician shortage
- Expansion of community health worker roles for some aspects of routine care compensates for nurse shortage
- Nurses drive innovation in safety net clinics to meet growing need for care

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Comments or questions on this scenario?

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Scenario #3: Primary Care That Works for All

Major Developments

- PCMH expansion accelerates, with an expanding care team and incentives for quality
- Health Insurance Exchanges prove effective - many employers drop coverage
- Localized PCP shortages inhibit access



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Scenario #3: Primary Care That Works for All

The Triple Aim

- Three components:
 - Enhancing patients' experience of care
 - Reducing per capital healthcare costs
 - Improving population health
- Policies address social and economic foundations of equitable health, and create healthy communities
- "If it's smart, we'll pay for it" - payment systems apply sophisticated statistical models to large health outcome data sets



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Scenario #3: Primary Care That Works for All
Community-centered health home

- Evolves from PCMH
- Works with community partners to collect data on social, economic, and community conditions
- Aggregates health and safety data - systematically reviews health and safety trends
- Identifies priorities and strategies with community partners and coordinate activity
- Acts as community health advocates
- Mobilizes patient populations
- Strengthens partnerships with local health care organizations and establishes model organizational practices

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Scenario #3: Primary Care That Works for All
Community health mapping

- Allows CCHHs to
 - Identify and mitigate health risks in their community
 - Intervene in local "hot spots" of ill health
 - Leverage "Big Data" - multiple data repositories from multiple sources

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Scenario #3: Primary Care That Works for All
Primary care

85%: integrated systems (e.g., CCHH)

10%: "conierge" fee-for-service

5% uninsured

Near-Universal Healthcare Coverage

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Scenario #3: Primary Care That Works for All
Implications for Nursing

- Proliferation of health care roles, with growth of community health workers
- Internal division of global payments yields greater visibility of the health outcomes of good nursing as well as pressure to lower nursing effort per patient when other team member involvement gives same outcomes
- Large reduction in number of hospitals
 - Major nurse job loss
 - Nurses working in Community Centered Health Homes expand their skills in public health and leveraging social determinants
- Greatly expanded use of health knowledge technology for individual care and population health
- Nurses drive remediation of "hot spots" of ill health

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*Comments or questions
on this scenario?*

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Conclusion

- What a great time to be alive!
 - Health care is undergoing a transformation
 - Society is undergoing a transformation
 - The human species is undergoing a transformation
- Scenarios help understand the potential outcomes of today's uncertainties
- Use scenarios to envision - and then create - your preferred future

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Quick plugs...



Another project for the Kresge Foundation:
Community Health Centers Leveraging the Social Determinants of Health
Online at <http://www.altfutures.org/leveragingSDH>

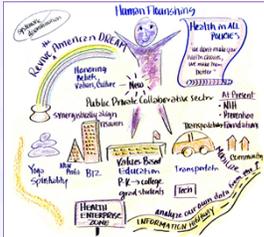


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Quick plugs...



A project for the Robert Wood Johnson Foundation:
Scenarios of Health and Health Care in 2032
Online at <http://www.altfutures.org/health2032>



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Comments or questions
on anything?

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Thank you!



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